PTO/SB/21 (09-04)
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## **TRANSMITTAL FORM**

(to be used for all correspondence after initial filing)

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Application Number	10/807,617
Filing Date	March 23, 2004
First Named Inventor	Richard A. Cantu
Art Unit	3618
Examiner Name	Gerald B. Klebe
Attorney Docket Number	355154-990101 (2502641-990101)

ENCLOSURES (Check all that apply)								
Fee Transi	mittal Form	Drawing(s)		After Allo	owance Communication to TC			
⊠ Fee ≀	Attached	Licensing-related Papers	$  \sqcup  $	of Appea	Communication to Board als and Interferences			
Amendme	nt/Reply	Petition			Communication to TC Notice, Brief, Reply Brief)			
After	Final	Petition to Convert to a Provisional Application		•	ary Information			
Affid	avits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address		Status Letter Other Enclosure(s) (please Identify				
Extension of Time Request		Terminal Disclaimer	Terminal Disclaimer					
Express Al	pandonment Request	Request for Refund		Clairi	um postoara			
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	Response to Missing Parts/ Incomplete Application  The Commissioner is hereby authorized to charge any additional fees which may be required or credit any overpayment to Deposit Account 07-1896.							
	ponse to Missing Parts	duplicate copy of this sheet is enclose	ed.					
	37 CFR 1.52 or 1.53	Customer No. 26379						
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  Firm Name DI A Piper Rudnick Gray Cary US U.P.								
i iiii i vaiiic	DLA Piper Rudnick Gra	Cary US LLP						
Signature	ahh. 2				-			
Printed name	Alan A. Limbach							
Date	January 30, 2006 Reg. No.				39,749			
CERTIFICATE OF TRANSMISSION/MAILING								
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.								
Signature	Kathlein	happil						
Typed or printed	name Kathleen LaBrie				January 30, 2006			

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Richard A. Cantu

Gerald B. Klebe

3618

PTO/SB/17 (12-04v2)
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Complete If Known Effective on 12/08/2004. Fees pursuant he Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** 10/807,617 RANSMITTAL Filing Date March 23, 2004

for FY 2005

🔯 Applicant claims small entity status. See 37 CFR 1.27

First Named Inventor

**Examiner Name** 

Art Unit

TOTAL AMOUNT OF PAY	MENT	(\$)525.00	Allo	omey Docket No.	355154	<u>-990101 (25</u>	02641-990101)				
METHOD OF PAYMENT (check all that apply)											
Check Credit C	Card	Money Order	None [	Other (please	e identify):		121				
Deposit Account De	eposit Accou	nt Number: <u>07-18</u> 9	96	_ Deposit Accou	nt Name: DLA Pi	iper Rudnick Grav	y Cary US LLP				
For the above-identif	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of fee(s)  Under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card											
Information and authorization on PTO-2038.											
FEE CALCULATION  1. BASIC FILING, SEAR	PCH AND	FYAMINATIO	N FFFS		<del></del>	<del></del>					
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		Small Entity	<del></del>	Small Entity		Small Entity					
<b>Application Type</b>	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)				
Utility	300	150	500	250	200	100					
Design	200	100	100	50	130	65					
Plant	200	100	300	150	160	80					
Reissue	300	150	500	250	600	300					
Provisional	200	100	0	0	0	0					
2. EXCESS CLAIM FEE	:S					. <u>§</u>	Small Entity				
Fee Description						Fee (\$)	Fee (\$)				
Each claim over 20 (inclu						50	25				
Each independent claim of		cluding Reissue	:s)			200	100				
Multiple dependent claim Total Claims	ns Extra Cla	aims <u>Fee</u>	(\$) Fees Pa	iA (\$)		360 Multiple Depe	180 endent Claims				
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4. OTHER FEE(S)				•	-	<del></del>	Fee Paid (\$)				
Non-English Specific	cation, S	\$130 fee (no sm	all entity disco	ount)							
	Other (e.g., late filing surcharge): Petition for a two month extension of time 225.00										

SUBMITTED BY Signature Registration No. 39,749 Telephone 650-833-2433 (Attorney/Agent) Name (Print/Type) Alan A. Limbach Date January 30, 2006 This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the

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